

General Member Application Form

Company Name	
Your Last Name	
Your First Name	
Your Position within the organization	
Your Professional Email Address	
Organization Address	
Organization Website	
<p>Please select your Organizations focus:</p> <p>Money & Finance Healthy Living At Home Services Life Technology</p>	
Please describe what your organization does	
How are your products/services senior focused?	
What areas of Alberta do you service?	
Age of the organization	
Did a member of the SRCA invite you? If so, please name them.	
Why do you wish to join the SRCA?	
What skills or expertise can you bring to the group?	
<p>Please confirm you consent for electronic communications:</p> <p>Yes, I consent to text communications Yes, I consent to email communications</p> <p>No I do not consent to electronic communications</p>	
<p>I certify and acknowledge that I have read the SRCA Vision, Mission and Value Statement on the website www.srcalberta.org and by virtue of signing below I agree to uphold them in all of my dealings with SRCA members and referrals.</p> <p>Signature _____ Date _____</p>	